



HUMANITIES NEBRASKA

# EVENT PROGRAM SPEAKER REQUEST FORM

This request form must be filled out completely – including signatures. There is a TWO events/applications per calendar year limit for each organization and/or target audience. Include processing fee of \$50 per speaker AND \$50 per program – no limitation on number of speakers and/or programs. For example 2 speakers each doing 2 programs (4 programs total) would cost your organization \$300 (2x\$50 + 4x\$50 = \$300).

**Speaker Name:** \_\_\_\_\_

Program Title from Catalog: \_\_\_\_\_

Program Date: \_\_\_\_\_ Program Start Time: \_\_\_\_\_

Program Location: \_\_\_\_\_ Maximum Occupancy: \_\_\_\_\_

\_\_\_\_\_  
(Name of building plus street address)

**Speaker Name:** \_\_\_\_\_

Program Title from Catalog: \_\_\_\_\_

Program Date: \_\_\_\_\_ Program Start Time: \_\_\_\_\_

Program Location: \_\_\_\_\_ Maximum Occupancy: \_\_\_\_\_

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(Name of building plus street address)

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Program Title from Catalog: \_\_\_\_\_

Program Date: \_\_\_\_\_ Program Start Time: \_\_\_\_\_

Program Location: \_\_\_\_\_ Maximum Occupancy: \_\_\_\_\_

\_\_\_\_\_  
(Name of building plus street address)

### For Humanities Nebraska Use Only

Application # \_\_\_\_\_ Date received \_\_\_\_\_

Request # \_\_\_\_ for calendar year \_\_\_\_\_

Received \$ \_\_\_\_\_ processing fee on \_\_\_\_\_ from \_\_\_\_\_

check # \_\_\_\_\_ or ( ) credit card or ( ) online payment

GL ID 6230 \$ \_\_\_\_\_ GL ID 6115 \$ \_\_\_\_\_ TOTAL FUNDED \$ \_\_\_\_\_

PROGRAM ID 13 FUNDER ID \_\_\_\_\_ LOCATION ID \_\_\_\_\_ Due Date \_\_\_\_\_

**Speaker Name:** \_\_\_\_\_

Program Title from Catalog: \_\_\_\_\_

Program Date: \_\_\_\_\_ Program Start Time: \_\_\_\_\_

Program Location: \_\_\_\_\_ Maximum Occupancy: \_\_\_\_\_

(Name of building plus street address)

**Speaker Name:** \_\_\_\_\_

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Program Location: \_\_\_\_\_ Maximum Occupancy: \_\_\_\_\_

(Name of building plus street address)

**HAVE YOU CONFIRMED DATE AND TIME WITH EACH SPEAKER?** YES  NO

Your Organization's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_

Second Contact Phone: \_\_\_\_\_ Second Contact Email: \_\_\_\_\_

**HOME OR ORGANIZATION ADDRESS TO WHICH HUMANITIES NEBRASKA SHOULD MAIL  
CONFIRMATION MATERIALS TO YOU**

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**For Humanities Nebraska Use Only**

Application # \_\_\_\_\_ Date received \_\_\_\_\_

Request # \_\_\_ for calendar year \_\_\_\_\_

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**GL ID 6230 \$** \_\_\_\_\_ **GL ID 6115 \$** \_\_\_\_\_ **TOTAL FUNDED \$** \_\_\_\_\_

**PROGRAM ID** 13 **FUNDER ID** \_\_\_\_\_ **LOCATION ID** \_\_\_\_\_ **Due Date** \_\_\_\_\_

**Describe the audience you intend to reach:**

**Describe the event and your goals/vision for humanities programming as a part of it:**

**How do you plan to publicize (newspaper, radio, newsletters, flyers, social media)?**

**I ASSURE THAT MY ORGANIZATION WILL:**

- Acknowledge HN funding in all print materials, media interviews, and at the beginning of the presentation,
- Hold these programs in an accessible public place with sufficient space to accommodate at least 50 people,
- Fulfill all program requirements (HN will send you a publicity packet after your request form is processed),
- Give credit to the HN before **EVERY** program,
- Notify HN and speaker(s) immediately of any changes concerning the program (including cancellations),
- Not use HN Speakers Bureau presentations as fundraisers, membership drives, or private gatherings, AND
- Submit a final report within 10 days after completion of the programs.

**I CONFIRM THAT:**

1. The organization requesting this program is a not-for-profit entity.
2. I have read and understand the policies and procedures set forth by the HN office for this category. (These are located on the HN website at: <http://www.humanitiesnebraska.org>)
3. I understand that failure to comply with the above requirements may jeopardize my organization's eligibility for future programs and/or funding.

\_\_\_\_\_  
Project Director's Signature

\_\_\_\_\_  
Organization Legal Representative's Signature

\_\_\_\_\_  
Date

**PLEASE RETURN FORM AND MAKE CHECK OUT TO:**

HUMANITIES NEBRASKA  
215 CENTENNIAL MALL SOUTH, SUITE 330  
LINCOLN, NE 68508

If you have any questions please contact our office by calling 402-474-2131 or emailing [info@humanitiesnebraska.org](mailto:info@humanitiesnebraska.org). We are more than happy to provide any necessary assistance!